

A DEFENCE

OF THE

“SIX MONTHS LECTURE TERM.”

REPORT OF A SPECIAL COMMITTEE

OF THE

AMERICAN MEDICAL ASSOCIATION,

APPOINTED (MAY, 1849) TO PREPARE

“A STATEMENT OF THE FACTS AND ARGUMENTS WHICH MAY BE ADDUCED
IN FAVOUR OF THE PROLONGATION OF THE COURSES OF
MEDICAL LECTURES TO SIX MONTHS.”

[From the Transactions of the American Medical Association, Vol. II.]



PHILADELPHIA:

PRINTED BY T. K. AND P. G. COLLINS.

1849.

A DEFENCE OF THE “SIX MONTHS LECTURE TERM.”

REPORT

Of the Special Committee appointed to prepare “A Statement of the Facts and Arguments which may be adduced in favour of the prolongation of the Courses of Medical Lectures to six months.”

THE Medical Faculty of Harvard University, transmitted to the Committee on Medical Education, a formal defence and advocacy of four months' course of instruction in the medical schools. It was communicated to the Association, appended to the report of the committee, and directed to be published with it.

The views upheld in that paper, are in direct opposition to the views and action of this Association, from its commencement to the present time. While, therefore, from deference to the highly respectable institution from which this document emanated, it has been placed on our Transactions, the Association felt that it was due to its own self-respect and consistency, and to prevent misconception, that it should be accompanied, at the same time, with the views and principles it has uniformly maintained on the same subject.

The undersigned, a committee appointed to carry out that purpose, in pursuance of their duty, make the following exposition:—

The medical profession was deeply impressed with the belief, that it had gradually become lowered in its standing. It no longer occupied the high position in public confidence that was once accorded to it. Everywhere it met with successful competition from empirics and pretenders; while absurd, fallacious, and dangerous doctrines were countenanced, not by the ignorant and vulgar alone, but by the educated and intelligent. It was not difficult to trace this abasement of the profession to its true cause. It had ceased to be a

highly educated class. In its ranks were found those not only devoid of all pretensions to general science, but many who were absolutely illiterate. He must have occupied a low station, indeed, who could not produce the evidence of a diploma. The parchment refused in one quarter could be procured from another. To the imperfect and restricted courses of the schools, and to the low standard for medical graduation, were attributed the superficiality and the degradation of medicine. Dissatisfaction pervaded the profession, and distrust of the profession spread throughout society. The barriers that had separated the cultivated physician from the rude pretender and empiric, were broken down. Before the community, they stood on the same level, bore the same title, and presented the same outward attributes of professional knowledge and skill.

Such was the feeling on this subject, possessed by the profession throughout the country, that no sooner was the tocsin struck, in a distant and obscure village, by an earnest heart and hand, than it was responded to throughout the land. A wide-spread movement of the profession took place. From that movement this Association had its origin; it stands, in some measure, pledged to accomplish a reform in the medical education of the country. Should it pass by, or fail to render effective this leading idea of the profession, it will have neglected a chief object of its institution, and will disappoint the just expectations of its founders.

The subject of medical education is not limited to a mere consideration of the interests of students and schools. They are not the only parties it concerns; it occupies a much wider field, and embraces interests and relations of much deeper import. To discuss this question in its true spirit, and to reach all its consequences, it must be examined in all its bearings. Results without this course must be invalid. It is this broad view that governed the decisions of this Association at its former meetings, and its reaffirmance of them at its present session. On this question it was regarded that the public, the science, and the profession had interests as deeply involved as the students and the schools; and that the Association was bound to look to and protect them. A brief recapitulation will establish this point.

1st. *The public are interested.*—No well-constituted society can exist without a professional class devoted to watching over and preserving the health of its members. Man, from the nature of his existence, is subject to suffering, to disease, and to death. The causes by which these conditions are produced are ascertainable,

may often be removed, or mitigated in their action; while disease may be cured, suffering relieved, death averted. But for those ends, knowledge, obtainable only by profound research, long devotion of time, accumulation of experience and observation, and great mental efforts, is indispensable. Without these requisites, medicine fails in its objects; it injures where it seeks to benefit; it does harm where it would do good; it excites distrust; and, in its imperfect condition, resembling an empiric art, maintains in the public mind a predilection for empirical practice. It is the interest of the public, that medicine should be elevated above the rank of an empirical art to that of a science and a philosophy, which it is capable of becoming, and which is its true character. This is to be effected, principally, through a sound and fully developed educational training and system.

2d. *The science is interested.*—Many intelligent men have doubted whether medicine was, or could be, a science. This skepticism still prevails extensively amongst the educated. It was not without foundation until a comparatively recent period. But within the last half century, no one acquainted with the progress of medicine can hesitate to recognize its rapid expansion into a science, and that it is rapidly entering the circle of the positive sciences. It is now far more certain in the judgments and opinions of well-educated medical men, than are the law, theology, or the moral sciences.

The advances now being made are so rapid, that every department of medicine is acquiring more and more of this positive character.

It cannot be denied, that this new impulse to medicine, if it did not originate in, was mainly produced by the new organization of the medical schools of France, during the progress of the French revolution, and since; as well as in the extension and improvement effected in the medical schools of Germany, and, of late, in England. We cannot enter any claim to an active participation in this movement of progress.

The new branches that have been created, and which constitute the scientific basis of medicine, are unknown even by name to large numbers of our practitioners.

It cannot be said that any of them belong to the proper courses of our schools. It is vain to expect that medicine, as a science, can be widely known and diffused, when it is not taught as a science in the schools.

3d. *The profession is interested.*—There is a limit for the demand for medical services. That limit is more than reached in this country. The profession is full to redundancy. It is not supply that is

wanted: there is more than sufficiency as to quantity; it is an improvement in the quality, that the public good now requires.

An over-crowded profession brings on its degradation. Competition takes a false direction. It cheapens labour and services. The practice ceases to be compensatory for the time, expenditure, mental and physical labour, required for high professional attainments and the services rendered. Men of distinguished abilities abandon the profession; educated youth feel no ambitious incitements to enter its ranks, and the lower motives of human action predominate in and overshadow the whole profession.

But more serious evils flow from over-crowding the profession. The pressure of hard necessity and of grinding want, all experience warns us, is the fertile source of moral delinquencies, of vices, and of crimes. How many, placed in this condition, cannot consent to starve. They save themselves by resorting to quackery, by a debasement of honourable principles, and by a servile subserviency to the prejudices and ignorance of the community; or, sinking still lower, pander to the vicious, and become accessories to atrocious crimes.

The profession accuse the schools of hastening this disastrous state.

The number of graduates, besides the influx of irregular practitioners, that annually swell the ranks of the profession, is far greater, it is believed, than are required by the increase of the population. Taking the number of graduates in the European schools, and the proportion to population, as compared with our own country, the statement will be borne out. On the continent, furthermore, it will be remembered that the number of irregular practitioners is repressed by the law, and is therefore small.

The profession look to the schools to reform this evil; and they anticipate longer courses, new branches added, higher requisites for graduation, and an adequate preliminary education, as the means by which it is to be accomplished.

To complete this recapitulatory summary, we may add:—

4th. *The students are interested.*—Numbers of the students do not understand their true interests. They enter on the study of medicine, wholly ignorant of its true character, and of its high requirements. Adopting the vulgar and common opinion, they look on the practice of medicine solely as a trade, as a means of subsistence, or as a road to wealth. Influenced by these considerations, they suppose it is their interest to enter the profession and begin the

trade, with the smallest outlay of time, money, and application possible. Whatever or whoever favours this course finds, with this class, a preference.

Too late, the error is discovered.

True and permanent success in practice depends on the confidence of the enlightened public; and that confidence is withheld when it has no other foundation than a short and hurried preparation for so high a calling. The superficially educated physician will always be regarded by the public as very little raised above the common empiric. Mediocrity or disgraceful failure must be the lot of the larger portion of those who thus err from misinformation and mistaken views. The true friends of the student, who best consult his lasting welfare, will oppose them in this lamentable mistake. Intelligent, educated, and endowed students, understand the subject better, and appreciate more justly their proper interest. They spare no pains, time, or expense, in fitting themselves for the great mission and responsible duties of their profession. They rise steadily in public confidence, and attain eminence and distinction. Such constitute a fragment only of the medical classes. They are capable of working out their own course, and of gaining their proper position independent of the rules and regulations and training of the schools. It is not for them they are to be framed; but for the masses, who must be made to walk in the way they should go, and who do not know, or who neglect, their best and truest interests.

5th. *The schools are interested.*—But the strongest temporary interest of the schools, it is believed, is frequently opposed to the important interests that have above been passed in review. The object of every school is to attract classes of the largest numbers, to exhibit the most numerous graduating class each year, and to obtain the highest revenue. But the schools have been, and are still placed in an anomalous and a false position. The students are the patrons of the schools, and in some measure regulate the courses of instruction; for a school that would take a stand, at once placing its courses as to number and time on a level with the science, and demanding the necessary requisites, would soon be compelled to close its doors.

The schools the best disposed can do no more than exact what the classes are prepared to bear.

In the present position of the schools, there is a temptation, especially in the matter of graduating students, to court popularity, and, by too much leniency, to run counter to the interests of the public, the science, and the profession.

This relation of the schools to the student, is the great obstacle to every advance in medical education. Its change, is the first step to medical reform. The patronage of the schools should belong to the profession at large. They are the only competent judges of the proper merits of the schools, and are the fittest advisers of the students.

In the great work of medical reform now in action in our country, a large portion of it must be the task of the profession. Without their aid, the schools can effect but little. The initiation into the profession is in the hands of the practitioners. To them it belongs to insist on a full preliminary education, and good moral standing as requisites, before receiving students into their offices. They should insist on directing their education to its conclusion, and on the selection of the schools at which to graduate.

The schools sustained by the profession, and independent of the classes, will then find their interests to coincide with all the great interests of medicine. They can enlarge and prolong their courses, can demand higher requisites for medical instruction, and elevate the standard of graduation.

Such is a brief outline of the views entertained by the Association, the representative and legislative body of the medical profession, in the great scheme of medical reform they have now in hand. A reference to what is embraced in the idea of a scientific education, and to the means by which it may be realized, will be sufficient to demonstrate their soundness, and vindicate them from the charge of extravagance.

Education, or systematic plans of instruction, the mental culture and training for the acquisition of knowledge, are exponential of the knowledge, intelligence, and intellectual wants existing in any community. The one is always in adaptation to the other. This is true of the special instruction of a particular branch of knowledge, as well as of general education. A scheme of scientific instruction should embrace the whole science; no part should be omitted. The entire science should be placed before the student. The teachers are not justifiable in suppressing any portion. No plan can perfectly fulfil the requisitions of scientific instruction, can do justice to the student, or promote the diffusion of science and of truth, when a large portion of the body of the science is subjected to a trenchant excision, or any portion is imperfectly taught.

In an extended system of instruction, there is much the student will not master, much that will have escaped his attention, much

which he ought to know, that he has not learned. But this is not a sufficient reason for the mutilation of the science; still less is it an apology for superficial and imperfect instruction. It is far better the student should leave the schools impressed with the conviction that he is ignorant, that there is a vast amount of knowledge which he must acquire, than that he should suppose the small and limited circle of his scholastic studies forms the boundary of the science, and the limits of his acquisitions.

In defence of the present system, it is alleged that it is as much as a student can bear; that additions to the number and time of the present courses would oppress the mind, and bewilder the intellect of the student, whose powers would fail and faint beneath the augmented burden. We give no credit to this statement. It may be, that some who now enter the ranks of the profession, with a low grade of intellectual endowments, and a lower grade of acquirements, could not master the difficulties of a higher order of scientific education, and would be excluded from the schools and the profession by their incapacity. But this would be a desirable result, and an advantage to the individual, to the profession, and to the public.

The assertion has no application to the large body of the students. If it were correct, that American students are incompetent to go through the labours imposed on European students, there must be degeneracy in the race, and our position would be lamentable and hopeless. We must abandon all expectation of becoming original in knowledge or science, and resign ourselves to continue, what we have been for too long a time, the mere recipients of the ideas, thoughts, and discoveries of the European investigators, and cultivators of medical science.

The American students are not, as a body, deficient in application and energy, or in intellectual vigour and endurance. The work they are set to do is done well and effectually. It is not their fault if they do not understand medicine as the most elaborate of sciences, requiring extended, varied, and profound knowledge. Nowhere is it presented to them as such; not by their first preceptors, who practice medicine as an art, and too often look on it only as an employment; nor by the schools whose courses of lectures cover but partially the field of medical research. Let the profession, the student, and the public, understand the nature of medicine cultivated as a science; the enlargement that will follow in the greater expanse of its usefulness, and the improvements it will introduce into the

art, and it will be found the medical instruction of this country will not be lagging in the rear; nor our medical students incapable of anything that may be required of them.

It belongs to the schools to spread this knowledge before the community. They ought to be the depositories of science; it should be their special office to keep pace with the progress of knowledge, and to infuse it into each successive body of students, who recruit the ranks of the profession. This is one of the methods by which the profession is to be kept on a level with the advances of medical science. In this important duty, the schools of this country have been defaulters. They have been thrown into a false position by an adherence to the defective system first adopted in the infancy of our civilization. They cannot escape from this dilemma; they cannot perform their duties to the science, to the public, the profession, the students, or do justice to themselves, while four month courses are persisted in. This, the first step in more extensive and important reform, must be made.

It will be said, that the prolonging of the courses of the schools to six months cannot effect this object. That is true; and is not expected of it. But it is one of the primary and most essential steps to be taken, in carrying into effect the plan of proceedings for the purpose in view. A beginning must be made, and this is the beginning of the reform in medical education.

It is absurd to suppose that any effectual improvement can be made in the education of our schools, bringing their instruction up to the present elevation of medical science, while the four month courses are retained.

The plan of four month courses of lectures belongs to the origin of medical schools in this country, and arose out of the necessities of the case. The establishment of medical lectures at all was a bold innovation; and, lest it might act as a discouragement to students, the term was made as short as possible, and limited to four months. Yet, at that period, medicine had but a moderate expansion, and scarcely made pretensions to a scientific character.

Several branches were assigned to a single chair. Anatomy, Surgery, and Midwifery, were the department of one professor. Chemistry was rudimentary, and was attached to various chairs at different times. A single experiment illustrated the whole course. Until a recent time, the institutes of medicine, and the theory and practice were combined in one course. During the life of the late Professor Rush, the lectures of the first department occupied from

the first of November to the middle of January; and those of the second, from the middle of January to the first of March. After his decease, the institutes, for some years, no longer formed a part of medical education. It is only in the last twelve years that the institutes, in some schools, have formed an independent course, while in many others, neither the institutes, nor any of the important branches embraced by them as a whole, are included in the curriculum of instruction.

Since the first establishment of the medical schools, the field of medical science has changed its entire aspect. The new departments that have been developed, exceed in extent, and equal in importance, the rudimentary branches forming the original scheme of medical education. They embrace what may correctly be designated the higher and scientific branches of medicine.

To include them with the original courses, in lectures of four months' duration, is wholly impossible. The question, therefore, resolves itself into this simple proposition—Shall the medical education of the schools of this country be restricted to the original rudimentary branches of medicine, laying aside the modern and scientific departments; or the course of lectures be prolonged, for the gradual introduction of them, into the instruction of the schools?

But laying aside all considerations of new courses of lectures, in the present state of medical science indispensable to every sound scheme of instruction, it is unhesitatingly affirmed, that four months are insufficient for the lecturers to treat in full the subjects even of the present courses taught in the schools.

There is not a single branch whose expansion, by the amount of new matter infused into it, from the improvements, discoveries, and more enlarged views of the last thirty years, has not rendered the time appropriated to the lectures wholly inadequate. There is not a course at present delivered in the schools, in which subjects of importance are not omitted, slurred over, or superficially treated from lack of time. This report is already too extended, or it would be easy to show, by a review of each branch, the correctness of the above statement.

There is one, however, the leading department, that of the theory and practice of medicine, which may be adduced in evidence. No one will pretend that this subject could, by any possibility, be satisfactorily taught in a course of four months. Six months of lectures, for two years, and four times a-week, would barely suffice to go over the ground once. But clinical teaching has been made, by its higher

perfection in modern times, the most important part of instruction in the practice, and illustrative of the didactic course. Its importance cannot be overrated, or expressed in terms too warm. No medical education can be complete without it. It is useless to exhibit the incompatibility of these courses, and the four months term.

The question, we repeat it, is narrowed to this point: either the term must be lengthened, or all hope of improvement in the profession and science of our country be abandoned. Having made this statement, somewhat in full, of the broad grounds on which the decision of the Association was based, in recommending the extension of the scholastic term of lectures to six months, the committee have performed the purpose of their appointment. But they cannot close this report, and they believe it will be no infringement of their duty, without some notice of the general position assumed in the communication of the medical department of Harvard University. The object of that paper is to show, that "the only method which can effect the purpose intended by the Association, is private instruction, by examinations, by recitations from books, and, in the demonstrative branches, by demonstrations on the part of the student." In order to sustain this assertion, public lectures are underrated. It is asserted that, in medical education, "they constitute a subordinate and subsidiary part."

It is not necessary, at this day, to vindicate the value of public lectures as means of instruction. That is too firmly established by the experience of ages, and is demonstrated daily in the great schools of Europe. It cannot be weakened by suggestions of this kind. A well-digested plan of lectures embraces all that is to be known and taught. A complete course of lectures, on any branch, is the summary of the whole of that branch; nothing is omitted. The student is initiated into the knowledge of medicine as it is; he begins his study at the point it has reached at his time. It does not follow that students, attending on lectures, do not apply personally to self-instruction. Observation and experience prove, that, excited by oral addresses, they are ardent in the pursuit of knowledge, and are the hardest readers. The objection of the Harvard University may apply to the present lectures of our schools; for it is admitted they are imperfect; and a principal element of that imperfection is, the shortness of the term, which absolutely prevents a complete course of lectures. It is to remedy this defect, the first on the list for reformation, that the Association has been so strenu-

ous in its efforts to lengthen the term. It would have been, it appears to us, a more logical conclusion in the Harvard University, to have sustained the Association in this measure. "The active, practical discipline of the mind," regarded of so much consequence by the Harvard University, is most certainly attained by the student in attendance on lectures. The student, in them, is presented with the example of methods of investigation, of mental analysis, of critical research and logical deduction. The mind is carried along with the lecturer, and acquires the habit of rational inquiry, and of resolving abstruse and difficult problems.

It is one of the most serious defects of our present system, that, from the shortness of the scholastic course, the student does not remain in the schools a sufficient time to imbibe the spirit, and to be disciplined in the methods, of scientific research and philosophical investigation. The whole scholastic period is eight months; four in a year, with an interval of eight months. How is it possible, that a disciplining and training of the mind could be accomplished by courses so widely separated, and so brief? We have, in this important view of medical education, additional motives and inducements for extending the term of the lectures, and prolonging the period of attendance on the schools.

In the plan of the Harvard University, the proper order is reversed. Private education is secondary and subsidiary to the public lectures. Good private teachers serve to check the public lecturers, and compel them to keep posted up with the knowledge of the time; they supply what omissions may occur in the lectures, and correct the inaccuracies of the student. In Philadelphia, this plan has been for many years in existence. There are several associations of private teachers, with numerous classes of students, whose influence on the medical instruction of Philadelphia has been highly beneficial.

The scheme of instruction recommended, in the view we take of it, is not consonant to the genius of medical science. Medicine is not a completed science; it does not consist in permanent axioms, in established formularies, in positive manipulations, of parts always persistent, and principles that are unchangeable. Medicine is in progress; its facts are all under investigation, its principles are being solved, its doctrine unsifted, its practice fluctuating, and to be adapted to all the diversities and dissimilarities of cases and patients. The phenomena of life, in health and disease, must ever be a fluctuating element; and every case of disease must necessarily form a

problem involving this changeable element, requiring for it correct treatment, extensive knowledge, mental combination, and critical analysis.

In the miserable abortion of homœopathy, it is assumed that, for every symptom, there is a specific remedy. It requires for its practice, neither knowledge, science, nor intelligence; for its acquisition, no other labour than examinations and recitations from books. Not so with medicine; "examinations and recitations from books" may assist students to graduate, and to make the doctor; but can never produce the physician. There is great danger that such a course of education will form mere routinists, and inclose the mind in a narrow and vicious circle of ideas.

The student should be taught to distrust authorities, and to be suspicious of facts, until both are confirmed and reconfirmed by numerous observations. His best book and truest authority is nature. The object of his training and culture should be, to enable him to interrogate her for facts; and to interpret her facts aright. It is wiser and better to adhere to the system of teaching approved by the experience of past ages, and so modified in our own time as to be adapted to the enlarged area of modern knowledge, than to enter on an untried experiment. The system of oral instruction has conducted medicine to its present stage of progressive advancement, and gives the strongest indications that, in no distant future, it will elevate it to the rank of a developed science, and a profound philosophy.

SAMUEL JACKSON,
JOHN L. ATLEE,
ALFRED STILLÉ.

